Governor's Mental Health Task Force Minutes

August 29, 2013
10:00-4:00 p.m.

Attendance:

Task Force Members: Captain Bill Cochran, Amanda Adkins, Dr. Karen Countryman-Roswurm, Dr. Rick Goscha, Catherine Ramshaw, Les Sperling, Mark Potter, Charlie Griffin, David Redmond, Dr. Michael Leeson, Judge Tom Webb, Ric Dalke, and Father Richard Daise.

Agency Liaisons: Sally Frey (KDOC), Lori Ammons (KDOC/JJA/UKP), George Williams (DCF), Dr. Wes Jones (Kansas National Guard); Bill Rein (KDADS); and Tiffany Smith (KDHE).

Advisory Committee/Support Staff: Angela Hagen (KDADS), Angela de Rocha (KDADS), Gina Meier Hummel, Sarah Fischer (KDADS), Lea Stueve (KDADS) and Wes Cole (GBHSPC).

Chairs Karen Countryman-Roswurm and Rick Goscha called the meeting to order. Introductions of the task force members, agency liaisons, and advisory/support staff were made. Dr. Goscha gave an update over where the task force is going over the next few months and explained about the small group break-out sessions that would occur later in the day. The minutes from the previous conference call meeting were examined and it was noted that Charlie Griffin's name needed to be added to the phone attendance log, that Evidence Based Strategies needed to be changed to Evidence Based Practices, and that Karen should be added in front of Countryman-Roswurm. Dr. Leeson moved to approve the minutes as corrected and the motion was seconded and approved. Lea Stueve addressed the group and gave some "housekeeping-type" announcements.

Agency presentations began with Sally Frey and Lori Ammons representing the Department of Corrections. Frey and Ammons provided relevant information and statistics about the population they serve, recidivism rates, and the role mental illness is contributing to these issues. Ms. Frey indicated that she had sent out a survey to all parole officers regarding access to mental health services and the results indicated that the services vary across the state. She also asked them about the strengths of community mental health services, and what challenges do you have in working with them and provided their raw comments in the handouts.

Key statistics/Observationsinclude:

- Since 2006, the MH population has increased by 126% and continue to see a steady rise
- Offenders on prescribed medications—17-20% is the average across the state
- They have noticed that the key cornerstone is to utilize cognitive thinking skills
- DOC uses an EBP model for correctional behavioral health
- Treatment model focuses on cognitive behavioral therapy and treatment
- New resources in the facility -4 MH case managers, peer support coordinators for SPMI population
- Have liaisons that are housed in MH facilities but are funded thru KDOC—sole duty is to help offenders transition to community with specialized parole officers—this intervention has proven to be successful
- Supportive housing is a key factor—and is very difficult to find

Work Session Questions/Observations:

- Do they have data that would compare the offenses between those with MH needs and those who do not? If so, can that information be made available?
- Questions about the length and consistency of services were raised. The answers to these questions depend upon the individual community and what is available
- How many community jurisdiction programs are there? Have you looked at which programs/jurisdictions are more successful than others
- A dictionary to help define the different catagories was asked for. What are the most clinical diagnosis within each category? How do you feel community work is working in comparison to the serviced directly under the direction of DOC. Frey indicated that data regarding specific diagnosis is available and can be provided
- How much is being spent per risk group per month? Can we see that cost break down
- SUD is included in the mentally ill population but separate data is available
- What is the Status of fetal alcohol screening program? (Wes Jones) It didn't get implemented in the full aspect but they are keeping some data and they could provide it.
- What is the relationship between DOC and CMHCs? Can you expand on that—current RFP for medical and mental health is currently out. In terms of CMHCs—have liaisons in the largest CMHC areas—there only 4 and primarily deal with SPMI—need at least 4 more to provide adequate services, dollars spent in the community is only spent on liaisons and parole officers, they do have flex funds that can be spent on medications, other flex funding is spent on housing
- What is the process for transitioning from facility medical staff to community providers? A plan is developed with both internal and external staff that is handed off to the case manager
- What is the timeline for discharge? When do the appointments occur, is the wait time from the date of plan creation or the date of release? What role of the probation officer in helping make sure appointments are made?
- What KDOC has tried to do is put resources toward the highest risk
- At some point funding of community based services must be restored and cuts must stop

George Williams with the KS Department for Children and Families presented an overview of the Department for Children and Families. Attending the task force meeting for his presentation were Anna Pilato from DCF and Secretary Phyllis Gilmore. Mr. Williams' presentation focused on two main program areas—family services and strategic development. He spoke about Protective Services, family preservation, foster care services, and rehabilitation services. Additionally, he spoke about faith based and community initiatives, anti-human trafficking, and collaborative efforts taking place with programs such as early headstart and connections to success. A key focus on all collaborative efforts has been mentoring.

Work Session Questions/Observations:

- How are behavioral health and support resources offered to families who adopt a child? How are we improving the care of youth who are aging out of foster care system? According to Ms. Meier Hummel, currently children in custody are managed by private providers, children who receive permanency get one year of after care services from the agency. When disruptions happen is linked to different developmental ages. Currently there is a focus on trauma informed care (TST)
    - KS is one of the only states who provide after care services
    - In addition to specific support services there is a contract with KCSL to recruit foster and adoptive homes and offer a wide variety of supports past the one year after care services
- What about those transitioning out of the system? Staffing children at 17.5 to look backwards
    - Actively pushing mentoring programs to put in to place also. Youth can also be referred back to agency social workers, challenge is youth don't want to take advantage of those services
- There is some concern about accessibility and this being a gap, because services are being offered. Meier Hummel offered that it could be an engagement issue as success is often reliant upon meeting families where they are in their life. The problem might be about us reaching out but it is also based in local communities.
- Youth turning 18: When a youth is 18 they can say we want to be out on our own—that is where the issue is, wonder how many of those youth are now in the justice system?

Dr. Wes Jones, Director of Psychological Health, gave a presentation over the Kansas National Guard's Psychological Health program. Dr. Jones outlined some of the issues facing soldiers including traumatic brain injury, concussion management, sexual assault, unwanted sexual contact, and suicide prevention. He spoke about the importance the Guard is placing on these issues and explained both the infrastructure and how services are accessed.

Work Session Questions/Observations:

- Griffin asked how members get connected with Wes? Happens through phone calls and PHA
- Question about how to become a military One source provider

During lunch, KVC Kansas gave a presentation over the services that they offer Kansas families and children. Attending the task force were Kyle Kessler, Executive Vice President for public affairs, Chad Anderson, President and Jason Hooper Director of Hospitals joined via the phone.

Representing the KS Department of Education, Tiffany Smith and Kent Reed gave a presentation touching on the importance of early childhood programs and how mental health programming is being recognized and integrated into their programs. She spoke about collaborative efforts across various state agencies and specifically, the initiative for "Safe and Supportive Schools" was discussed as mental health is found in all of its pillars.

After the Agency presentations, the task force divided into two groups: Adults and Children. The Adults group broke down the various issues into groups and then observations were placed under the various categories. The

Children's group developed statements of need and in some cases potential solutions for each of the three targeted groups, those receiving services, those, and those at risks, and those not being served. Key themes discussed included:

Adult Themes

- Accountability and outcomes
- Evidence based practices
- Accountability
- Prevention and early intervention
- Community solutions
- Crisis
- Primary Healthcare

Youth

- In the MH system themes
  - Accountability, partnership collaboration
- Themes of those not being reached:
  - Prevention, formalized partnerships, access, changing practices
- Those at risk:
  - Prevention, holistic, accessibility
- All three:
  - Access, prevention, policy, context, holistic care, community based care

Wrap-Up

The task force briefly discussed future needs. It was announced that the next task force meeting would be September 25 in Manhattan at the National Guard Armory from 10:00-4:00. Dr. Leeson moved to adjourn and it was seconded and approved. The meeting adjourned at 3:35 p.m.